



November 17, 2006

Office of Finance Refund Division
Commissioner of Patent & Trademarks
Mail Stop 16
P.O. Box 1450
Alexandria, VA 22313-1450

By Facsimile

Re: Request for Refund for Deposit Account No. 50-0344

Dear Sir or Madam:

In connection with the above-referenced deposit account, Theravance, Inc. has identified an incorrect charge applied to our account and would like to request a refund.

Enclosed for your review is a copy of our deposit account statement for October 2006 showing a duplicate charge of \$1,020.00 for Serial Number 10/627,555 attorney docket number P-154-US1. We filed a request for 3 month extension of time in the amount of \$1020.00 on October 2, 2006. (Copy enclosed)

Please proceed to credit Theravance, Inc. deposit account number 50-0344 in the amount of \$1020.00.

Should you have any questions or require any other information in order to process this credit, please contact me at (650) 808-6116. Thank you for your assistance with this matter.

Best regards,

Cynthia Wilson
Cynthia Wilson
Patent Docket Associate

901 Gateway Boulevard
South San Francisco, CA 94080

650.808.6000 F 650.827.8690
www.theravance.com

Deposit Account Statement

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**United States
Patent and
Trademark Office**

Customer
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Deposit Account Statement**Requested Statement Month:**

October 2006

Deposit Account Number:

500344

Name:

THERAVANCE, INC.

Attention:

CINDY WILSON

Address:

901 GATEWAY BLVD

City:

SO. SAN FRANCISCO

State:

CA

Zip:

94080

Country:

UNITED STATES

DATE	SEQ	POSTING REF	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
10/02	42	11172303	P-133-US2	1814 ✓	\$130.00	\$31,416.00
10/04	147	10627555	P-154-US1	1253 ✓	\$1,020.00	\$30,396.00
10/04	148	10627555	P-154-US1	1253	\$1,020.00	\$29,376.00
10/06	204	11337451	P-169-US2	1501 ✓	\$1,400.00	\$27,976.00
10/06	205	11337451	P-169-US2	1504 ✓	\$300.00	\$27,676.00
10/06	206	11337451	P-169-US2	8001 ✓	\$30.00	\$27,646.00
10/10	34	11543622	P-169-US3	1011 ✓	\$300.00	\$27,346.00
10/10	35	11543622	P-169-US3	1111 ✓	\$500.00	\$26,846.00
10/10	36	11543622	P-169-US3	1311 ✓	\$200.00	\$26,646.00
10/13	189	60738702	P-192-US1	8007 ✓	\$200.00	\$26,446.00
10/17	264	11547790	P-192-US2	1631 ✓	\$300.00	\$26,146.00
10/17	265	11547790	P-192-US2	1633 ✓	\$200.00	\$25,946.00
10/17	266	11547790	P-192-US2	1642 ✓	\$400.00	\$25,546.00
10/17	267	11547790	P-192-US2	1617 ✓	\$130.00	\$25,416.00
10/17	268	11547790	P-192-US2	1615 ✓	\$100.00	\$25,316.00
10/18	126	10425368	P-030-US2	1814 ✓	\$130.00	\$25,186.00
10/20	13	11582885	P-157-US6	1011 ✓	\$300.00	\$24,886.00
10/20	18	11582885	P-157-US6	1202 ✓	\$50.00	\$24,836.00
10/20	17	11582885	P-157-US6	1201 ✓	\$3,000.00	\$21,836.00
10/20	19	11582885	P-157-US6	1081 ✓	\$750.00	\$21,086.00
10/20	15	11582885	P-157-US6	1311 ✓	\$200.00	\$20,886.00
10/20	14	11582885	P-157-US6	1111 ✓	\$500.00	\$20,386.00
10/20	169	11582885	P-157-US6	1464 ✓	\$130.00	\$20,256.00
10/23	6	P112656	ffr	1463 ✓	\$200.00	\$20,056.00
10/24	23	11049447	P-152-US4	1814 ✓	\$130.00	\$19,926.00
10/24	24	11049447	P-152-US4	1814 ✓	\$130.00	\$19,796.00
10/24	25	11049447	P-152-US4	1814 ✓	\$130.00	\$19,666.00

*duplicate
charge*



Theravance

Facsimile Cover Sheet

To: Office of Finance Refund Division
Company: U.S. Patent & Trademark Office
Fax: Office of Finance Refund Division
(571) 273-6500

From: Cynthia Wilson
Company: Theravance, Inc.
Telephone: (650) 808-6116
Fax: (650) 808-6078

Date: March 4, 2005
Of pages:
(Including this page) four pages

If there are any problems in receiving this transmission, please call Cindy Wilson at (650) 808-6116

Re: Request for Refund for Deposit Account No. 50-0344

PRIVILEGED AND CONFIDENTIAL

901 Gateway Blvd., South San Francisco, CA 94080; Tel. (650) 808-6000; Fax (650) 827-6078

PAGE 1/4 * RCVD AT 11/17/2006 2:32:06 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6128 * DNIS:2736500 * CSID:650 827 8690 * DURATION (mm:ss):01:18

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OCT 02 2006

PTO/SB/22 (12-04)

I under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	
FY 2005	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	
Application Number 10/627,555	Docket Number (Optional) P-154-US1 Filed July 25, 2003
For Crystalline β 2 Adrenergic Receptor Agonist	
Art Unit 1621	Examiner Shallendra Kumar

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<u>\$1020</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

- Applicant claims small entity status. See 37 CFR 1.27.
 - A check in the amount of the fee is enclosed.
 - Payment by credit card. Form PTO-2038 is attached.
 - The Director has already been authorized to charge fees in this application to a Deposit Account.
 - The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number 50-0344. I have enclosed a duplicate copy of this sheet.
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 43,087

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____

Roberta P. Davis
Signature

Signature

Roberta P. Saxon

Typed or printed name

October 2, 2008

Date

(650) 808-6000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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